

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35677

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 2**
 (b) Township..... Primary Registration District No. **1008 1**
 (c) City **St. Louis** (d) Street No. **4258 Arsenal Street** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

9254

2. PRINT FULL NAME

June Dyer
 (a) Residence, No. **4258 Arsenal Street** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert E. Dyer**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 26, 1911**

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	26	0	5	

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Denver,**
 (STATE OR COUNTRY) **Colorado**

FATHER
 13. NAME **Evan Roberts**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Unknown**

MOTHER
 15. MAIDEN NAME **Mabel A. Grant**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **ROBERT DYER**
4258 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Aurora, Illinois** DATE **October 4, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm J. Robert**
1905 S. Grand Blvd.

20. FILED **OCT 3 1937** **J. Brudeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 28**, 19**37**, to **Oct 1**, 19**37**

I last saw her alive on **Oct 1**, 19**37**. Death is said to have occurred on the date stated above, at **3.10 P. M.**

The principal cause of death and related causes of importance were as follows:

Eucbolisae
Chronic Myocarditis
Distal Regurgitation & Stenosis

Date of onset
8/24/37
9/1/37
1930

Other contributory causes of importance

Pneumonia **1928**
8/24/37

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Charles W. Guhnert**, M. D.
 (Signed) **Charles W. Guhnert**
 (Address) **5183 Cabanne Ave.**

STATEMENT BY LICENSED EMBALMER

I, Wm J Robert

, Licensed Embalmer No. 502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Wm J Robert

Licensed Embalmer No. 502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)